

Dear DOC Employees,

Today marks two weeks since the first positive case of COVID-19 was confirmed in Minnesota. It feels more like two months.

Life in Minnesota, and at the DOC, has fundamentally changed in these two weeks. Thankfully, our state has reacted quickly and strongly to contain the pandemic and to, hopefully, “flatten the curve” to ease the impact on our health care system. Schools are closed. Bars, restaurants, and other businesses are shut down. Typical community gathering places are empty.

I know many of you at the DOC are feeling varied emotions. People are asking important questions about how this plays out in a corrections setting. Why are many of us still in the office? Why are the prisons not locked down? How do we provide for social distancing while providing treatment for substance use disorder, sex offenses, or mental health? The questions abound.

As I shared in my video earlier today, times of crisis like this bring uncertainty. And uncertainty can lead to fear. But these times of crisis also help to clarify mission.

This afternoon, I want to share some guidance I received from the Governor’s office and the Department of Health that will hopefully alleviate some uncertainty and provide some clarity. It will not answer every question. But hopefully it helps give more context for you to make good decisions for yourself and your families. As always, go to the [Department of Health](#) and [CDC](#) websites for the most up-to-date information.

### **Where we are getting information**

We, at the DOC, are taking guidance from the Governor’s office and the Department of Health. As the Governor said yesterday, we should recognize that “this is not going to be a blizzard, it’s a winter.” We should view what we’re doing as a new normal, at least for a somewhat lengthy period of time. And steps we are taking (or not taking) are because of the advice we’ve received from public health and epidemiological experts.

### **COVID-19 testing**

I caution you not to put too much emphasis on the testing process. The Governor told us a hard truth yesterday – the state’s ability to test and confirm cases of COVID-19 is extremely limited. The state’s focus is testing hospitalized patients, health care workers, and those with living situations like nursing homes.

It is possible you have heard rumors that someone in the DOC has “tested positive.” As of the writing of this message, no DOC employee or inmate has tested positive. If a person does not fall into one of the above categories, it is highly unlikely they have actually been test or tested positive for COVID-19. Some people might be sent home during the screening process and some might be at home because of a doctor recommendation. That is **not** the same as a positive test.

But we should not rely on finding out about a positive test to influence our actions. We should all consider each person around us a potential carrier of COVID-19 and follow the guidelines for personal prevention every day. It is also important to understand that simply being in the same room as someone who has contracted COVID-19 presents minimal risk.

We all must understand factors that increase our risk of contracting COVID-19 and have fact-based information about what lowers our risk of contracting it.

### **Guidelines for risk**

The reality is most incidental workplace contacts, even with a confirmed case of an infected person, do not require self-quarantine – unless symptoms develop.

There are two types of contact/exposure that create concern, according to the CDC and Department of Health:

- Having “close contact” (being within 6 feet) with an infected person for a prolonged period of time (generally about 10 minutes)
- Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on by an infected person).

These are the contacts we should be most concerned about, according to the public health experts. That is why “social distancing” is so important. Those contacts are what social distancing is designed to prevent.

### **When should I be concerned?**

We should all be paying close attention to two scenarios that cause concern:

- Developing **new** symptoms of COVID-19 – fever and/or acute respiratory symptoms including shortness of breath. If these new symptoms develop, you should self-quarantine for 7 days after the symptoms began **or** for 72 hours after natural resolution of your fever, whichever is the longer period of time.
- If you realize you’ve had “**close contact**” with a **confirmed** case (a positive COVID-19 test). If you have close contact (within 6 feet for more than 10 minutes) you should quarantine for 14 days.

If you have had **close** contact with a **symptomatic untested** individual, you should monitor for symptoms and immediately isolate if you become symptomatic.

The CDC does **not** recommend testing, symptom monitoring, or special management for people exposed to asymptomatic people with potential exposures.

More information is found on the MDH webpage, here:  
<https://www.health.state.mn.us/diseases/coronavirus/hcp/eval.html>.

We will continue following protocols for isolating individuals in our facilities who experience symptoms. We will continue testing for influenza-like illness. And we will test for COVID-19 if the protocol calls for such testing. We are also looking at program scheduling to reduce crowds within the facilities and make sure we are all safe as we continue to deliver the services we are required to provide.

Thank you for your ongoing service.

Paul Schnell  
Commissioner